

3a. PAI CNTL #			4. TYPE OF BILL
b. MED. REC. #			0111
5. FED. TAX NO. 0000	6. STATEMENT COVERS PERIOD FROM	7.	
560554230	061810	061910	

8 PATIENT NAME [REDACTED]						9 PATIENT ADDRESS [REDACTED] 1245 CAMP RD																			
b [REDACTED]						c SALISBURY						d NC e 281470000 f [REDACTED]													
10 BIRTH DATE [REDACTED]						11 SEX M		12 DATE 061810		ADMISSION 13 HR 22 14 TYPE 2 15 SRC 4		16 DHR 13		17 STAT 21		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 AGDT STATE 30									
31 OCCURRENCE CODE [REDACTED]						32 OCCURRENCE DATE [REDACTED]		33 OCCURRENCE CODE [REDACTED]		34 OCCURRENCE DATE [REDACTED]		35 OCCURRENCE SPAN FROM THROUGH [REDACTED]		36 OCCURRENCE SPAN FROM THROUGH [REDACTED]		37 [REDACTED]									

SALISBURY NC 28147

[illegible]

50 PAYER NAME Piedmont Correctional	51 HEALTH PLAN ID 00000	52 REL INFO Y	53 ASG REN Y	54 PRIOR PAYMENTS 0.00	55 EST. AMOUNT DUE 0.00	56 NPI 560554230	1881647204
						57 OTHER	
						PRV ID	

B0 INSURED'S NAME	B0 P. REL.	B0 INSURER'S LICENSE ID	B1 GROUP NAME	B2 INSURANCE GROUP NO.
[REDACTED]	18	[REDACTED]		

63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
000863601											
66 78659 53081 4019 71390 496 041401 05865				67 111582 11172							

[illegible][illegible]

80 REMARKS		B25		78 OTHER		NPI		QUAL	
PIEDMONT CORRECTIO		B25		JACOBY				RICHARD M	
4220 MAIL SERVICE CE				LAST				FIRST	
RALEIGH NC 27699				79 OTHER		NPI		QUAL	
				LAST				FIRST	